MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/527,215

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10						
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12				0		
13				1		
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TOTAL IND.		⇩	1	⇩		⇩
TOTAL DEP.		⇦	10	⇦		⇦
TOTAL CLAIMS			11			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS						